



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 437
LOS ANGELES, CA 90012



MARK J. SALADINO

TREASURER AND TAX COLLECTOR

December 18, 2012

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

15 December 18, 2012

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

**DEPARTMENT OF TREASURER AND TAX COLLECTOR
REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT
(ALL DISTRICTS AFFECTED)
(3 VOTES)**

SUBJECT

Individuals who were injured in a third party compensatory accident received medical care at a County facility. The Treasurer and Tax Collector entered into negotiations with the liable parties and reached a settlement agreement.

IT IS RECOMMENDED THAT THE BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

1. Account Number 12572531 in amount of \$4,775.86
2. Account Number 12464370 in amount of \$5,564.30
3. Account Number 12572161 in amount of \$4,868.33
4. Account Number 12544895 in amount of \$4,507.64
5. Account Number 12550678 in amount of \$8,333.33
6. Account Number 12503775 in amount of \$3,973.33

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs. The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Implementation of Strategic Plan Goals

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Sustainability in pursuing collection of charges owed for County services.

Strategic Asset Management Principles Compliance

Not applicable.

FISCAL IMPACT/FINANCING

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

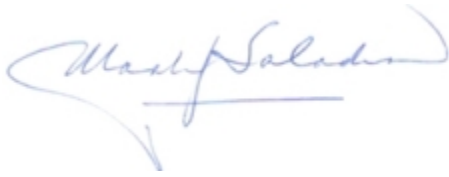
Not applicable

IMPACT ON CURRENT SERVICES (OR PROJECTS)

No impact.

The Honorable Board of Supervisors
12/18/2012
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Respectfully submitted,

A handwritten signature in blue ink, reading "Mark J. Saladino", with a horizontal line underneath the name.

MARK J. SALADINO
Treasurer and Tax Collector

MJS:FR:efh

Enclosures

c: Chief Executive Officer
Auditor-Controller
County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.122A

Amount of Aid	\$10,233.00	Account Number	12572531
Amount Paid	0.00	Name	Adult Male
Balance Due	10,233.00	Service Date	09/06/11 thru 09/22/11
Compromise Amount Offered	4,775.86	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$ 5,457.14	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$10,233.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$23,800.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 7,480.83	\$ 7,480.83	31.43%
Attorney Cost	857.50	857.50	3.60%
The Sharp Treatment Center	6,153.00	3,000.00	12.61%
County of Los Angeles	10,233.00	4,775.86	20.07%
Net to Client	N/A	7,685.81	32.29%
Total	\$24,724.33	\$23,800.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported by his family. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.122B

Amount of Aid	\$12,283.00	Account Number	12464370
Amount Paid	0.00	Name	Adult Male
Balance Due	12,283.00	Service Date	09/05/10 thru 11/22/10
Compromise Amount Offered	5,564.30	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$ 6,718.70	Service Type	Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$12,283.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$25,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 8,333.33	\$ 8,333.33	33.33%
Attorney Cost	200.00	200.00	0.80%
Los Angeles Fire Department	1,514.75	605.90	2.42%
Hess Rehabilitation	4,450.00	1,963.13	7.85%
County of Los Angeles	12,283.00	5,564.30	22.26%
Net to Client	N/A	8,333.34	33.34%
Total	\$26,781.08	\$25,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported by his family. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.122C

Amount of Aid	\$11,655.00	Account Number	12572161
Amount Paid	0.00	Name	Minor Female
Balance Due	11,655.00	Service Date	09/12/11 thru 09/21/11
Compromise Amount Offered	4,868.33	Facility	Martin Luther King, Jr. Multi-Service Ambulatory Care Center
Amount to be Written Off	\$ 6,786.67	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at Martin Luther King, Jr. Multi-Service Ambulatory Care Center at a cost of \$11,655.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,868.33	\$ 4,868.33	32.45%
Attorney Cost	395.00	395.00	2.64%
County of Los Angeles	11,655.00	4,868.33	32.45%
Net to Client	NA	4,868.34	32.46%
Total	\$16,918.33	\$15,000.00	100.00%

Our financial investigation reveals that the client is a minor and is supported by her mother with a marginal income. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.122D

Amount of Aid	\$20,156.00	Account Number	12544895
Amount Paid	0.00	Name	Adult Male
Balance Due	20,156.00	Service Date	05/29/11 thru 06/07/11
Compromise Amount Offered	4,507.64	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$15,648.36	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$20,156.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	138.00	138.00	0.92%
McCormick Ambulance	1,411.00	1,411.00	9.41%
Weiss Chiropractic	585.00	585.00	3.90%
County of Los Angeles	20,156.00	4,507.64	30.05%
Net to Client	NA	3,358.36	22.39%
Total	\$27,290.00	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and he is supported by his mother. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.122E

Amount of Aid	\$395,850.00	Account Number	12550678
Amount Paid	0.00	Name	Adult Male
Balance Due	395,850.00	Service Date	12/14/10 thru 07/11/11
Compromise Amount Offered	8,333.33	Facility	LAC USC Medical Center
Amount to be Written Off	\$387,516.67	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$395,850.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$25,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 8,333.33	\$ 8,333.33	33.33%
Attorney Cost	0.00	0.00	0.00%
County of Los Angeles	395,850.00	8,333.33	33.33%
Net to Client	NA	8,333.34	33.34%
Total	\$404,183.33	\$25,000.00	100.00%

Our financial investigation reveals that the client is self-employed and supports himself and family of two with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.122F

Amount of Aid	\$19,108.00	Account Number	12503775
Amount Paid	0.00	Name	Adult Female
Balance Due	19,108.00	Service Date	12/06/10 thru 04/27/11
Compromise Amount Offered	3,973.33	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$15,134.67	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at Harbor UCLA Medical Center at a cost of \$19,108.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$12,500.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,026.00	\$ 4,026.00	32.21%
Attorney Cost	580.00	580.00	4.64%
County of Los Angeles	19,108.00	3,973.33	31.79%
Net to Client	NA	3,920.67	31.36%
Total	\$23,714.00	\$12,500.00	100.00%

Our financial investigation reveals that the client is unemployed and depends on her son and daughter-in-law for living expenses. The client owns her home with no other source of income or tangible assets.